Fill in this informati	ion to identify your case:	
Debtor 1	Donna M Fitzpatrick	_
Debtor 2 (Spouse, if filing)		_
United States Banl	kruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
_	19-11499-MDC	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official For	<u>rm 106l</u>	MM / DD/ YYYY
<b>~</b> · · ·		

## Schedule I: Your Income

12/15

0.00

0.00

0.00

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

i.e.b.		
job,	■ Employed	☐ Employed
h Employment status	☐ Not employed	■ Not employed
Occupation	Self-Employed	
l, or <b>Employer's name</b>	Lotus Hair and Skin	
	9 S. Morton Avenue Morton, PA 19070	
1	Occupation I, or Employer's name	Occupation Self-Employed  I, or Employer's name Lotus Hair and Skin  udent Employer's address 9 S. Morton Avenue

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ Calculate gross Income. Add line 2 + line 3. 0.00

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Deb	tor 1	Donna M Fitzpatrick	_	С	ase number (if know	vn)	19-11	499-M	DC	
					For Debtor 1			Debtor filing s	2 or pouse	
	Cop	by line 4 here	4.		\$0.0	0	\$		0.00	_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 0.0	00	\$		0.00	)
	5b.	Mandatory contributions for retirement plans	5b		\$ 0.0	00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c.		\$ 0.0	00	\$		0.00	
	5d.	Required repayments of retirement fund loans	5d		\$ 0.0		\$		0.00	_
	5e.	Insurance	5e		\$ 0.0		\$		0.00	_
	5f.	Domestic support obligations	5f.		\$ 0.0		\$		0.00	
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h.		\$ 0.0 \$ 0.0		+ \$		0.00	_
_			_		·		· · ·			_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 0.0		\$		0.00	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	;	\$0.0	)0	\$		0.00	<u> </u>
8.	List 8a.	t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a		\$ 5,500.0	)0	\$		0.00	)
	8b.	Interest and dividends	8b		\$ 0.0	0	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce					•			
	04	settlement, and property settlement.	8c.		\$ 0.0 \$ 0.0		\$		0.00	_
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.		\$		\$		0.00	_
	8f.	Other government assistance that you regularly receive	00	•	Ψ		Ψ		0.00	_
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			Φ		<b>c</b>		0.00	
	8g.	Specify: Pension or retirement income	8f. 8g.		\$ 0.0 \$ 0.0		\$		0.00	_
	8h.	Other monthly income. Specify: 2018 Proportionate Tax Refund	8h		\$ 665.8		· ·		0.00	_
		2010 1 10portionato Tax Notalia	_	_						_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	6,165.8	33	\$		0.0	0
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	6,165.83 +	\$		0.00	= \$	6,165.83
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_	5,100.00	-			' -	0,100100
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not exify:	depe					chedule 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certailies						12.	\$	6,165.83
13.	Do	you expect an increase or decrease within the year after you file this form	1?					į.	Combi month	ned ly income
		No. Yes Explain: Income fluctuates								

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